

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046983

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6697

STATE FILE NUMBER

FILED JAN 14 1963

VS 300
Rev. 4/59

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2 3728

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12 90.0

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b
62 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 555 WEST 50TH STREET

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
555 WEST 50TH STREET

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

PAUL

WESLEY

JENKINS

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2/5/1900

9. AGE (last birthday)
62

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
PRESIDENT

10b. KIND OF BUSINESS OR INDUSTRY
JENKINS MUSIC COMPANY

11. BIRTHPLACE (City and state or country)
KANSAS CITY, MO.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

JOHN W. JENKINS

13b. MOTHER'S MAIDEN NAME

EDITH KANAGA

14. NAME OF HUSBAND OR WIFE

MRS. EVELYN V. JENKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES WORLD WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 555 WEST 50TH ST.
MRS. EVELYN V. JENKINS, K.C. MO.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
2 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary arteriosclerosis

4 yr

DUE TO (c)

Generalized arteriosclerosis

4 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958 to 12-28-62 and last saw him alive on 12-29-62.
Death occurred at 6:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Quentin Cramer M.D.

22b. ADDRESS

6100 Marway Mission

22c. DATE SIGNED

12-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
CREMATION

23b. DATE
DEC. 31, '62

23c. NAME OF CEMETERY OR CREMATORY
D.W. NEWCOMER'S SONS

23d. LOCATION (City, town, or county)
KANSAS CITY

(State)
MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

D.W. NEWCOMER'S SONS, 1331 BRUSH CR, KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

12-31-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF
Quentin Cramer
MEDICAL CERTIFICATION

St. Quentin Chamber
Death # 1 - 6100 Martineau, Maurice, 1st (Martineau Ch. St. Quentin)
10:00 - 4:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Paul V. Honey

Licensed Embalmer No. 4724

P. O. Address KC 174

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.